

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4					2	
5						
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7	5		5			
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TOTAL IND.	3	↓	1	↓	2	↓
TOTAL DEP.	13	↔	24	↔	9	↔
TOTAL CLAIMS	16	████████	25	████████	11	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.					↔	
TOTAL CLAIMS					████████	████████

7/20/07